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**NOV 10 2005**

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**FACSIMILE TRANSMISSION COVER SHEET**

**Date:** November 10, 2005

**To:** United States Patent and Trademark Office  
Examiner: Peralta, Ginette; Art Unit: 2814

**Fax:** (571) 273-8300

**Re:** **Application Serial No.: 09/686,323**  
Filing Date: 10/9/2000; First-Named Inventor: Zhao  
Attorney Docket No.: 02SPE118P-DIV

**From:** Farjami & Farjami LLP

**Number of pages including the cover sheet:** 14

**Message:**

Enclosed please find the Amendment and Response to Advisory Action dated November 3, 2005.

Payment for First Month Extension Fee in the Amount of \$120.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 02SPE118P-DIV

**AMENDMENT COVER SHEET**

IN RE APPLICATION OF: Zhao, Bin

SERIAL NO.: 09/686,323 FILED: October 9, 2000

FOR: Method of Fabricating an Interconnect Structure Employing Air Gaps between Metal Lines and between Metal Layers

Mail Stop AF  
HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$ 120.00
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☒ TOTAL EXTENSION FEE \$ 120.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	6	MINUS **28	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

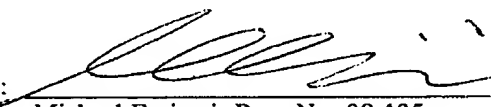
\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 02SPE118P-DIV

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 11/10/05By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Christina Carter

Name of Person Performing Facsimile Transmission

Christina Carter

Michael Farjami, Esq.  
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Facsimile: (949) 282-1002

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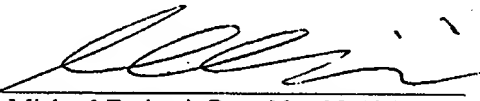
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Attorney Docket No.: 02SPE14-8P-DIV

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In re Application of: **Bin Zhao**

Art Unit: 2814

Serial No.: 09/686,323

Examiner: Peralta, Ginette

Filed: October 9, 2000

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Metal Lines and Between Metal Layers**

AMENDMENT AND RESPONSE TO *ADVISORY ACTION*

Mail Stop AF  
Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Advisory Action* dated November 3, 2005 in the above-referenced patent application. Please enter and consider the following amendments and remarks.

11/14/2005 TL0111 00000017 09686323

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